

they will send us copies of their prescription drug bills and actually send copies of how they are affected to each of us here in the Senate in Washington, DC.

I want to take just a minute or two now to read from some of the letters I have received in the last few days.

One of the first is a letter I received from an older couple in North Bend. The spouse is 73. Her husband is 77. They report that they have about \$18,000 a year in Social Security income and spend about \$2,000 of it on their prescription drugs. They have a Blue Cross plan. It doesn't cover any of their prescriptions—none of them.

I think this is really sort of typical of what I have been hearing from senior citizens across our State.

Here is a copy of what these bills look like for folks who are thinking about sending them to us. This one comes from North Bend, OR. It comes from the Safeway pharmacy there in North Bend. An older couple points out in a letter to me that they simply are not going to be able to afford what they are told is going to be the next increase. They are told that next month their bills are going to go up again on top of what I have cited they are having to pay for over-the-counter medications as well. Compared to some of their friends, they are not what they call "pill takers." With an income of \$18,000 a year, think of having to spend about \$2,000 of it on prescription drugs, and that doesn't even count for what they spend on over-the-counter medications. Their bills are going up again next month.

These are the kinds of people to whom I think the Senate ought to be listening.

Another letter I received in the last few days comes from an older couple in Redmond. They sent me this bill for the month of October. Just for the month of October, colleagues who maybe listening in—\$282 a month just for the month of October from an older couple in Redmond. They went to the Rite-Aid Pharmacy in a mall in Redmond. They are faced now with the prospect of having to spend \$282 a month all year round on their prescriptions, and, suffice it to say, they too are asking why it is that the Congress, and the Senate specifically, isn't being responsive. Here is a third bill I received in the last few days. This is from an older woman who is spending close to \$300 a month on her prescription drugs at the Wal-Mart in Roseburg.

This is again the kind of real-life case to which I think the Senate ought to be paying attention. They are just sending us now copies of their bills. These are not drugs that are uncommon. Glucophage, for example, for a lot of seniors is an essential medicine because it helps them with their diabetes. When senior citizens can't afford to

pay for a prescription for glucophage, they are going to suffer some very serious health problems as a result.

I cited examples at the end of last week.

There are seniors at home in Oregon who have prescriptions their doctor wrote out for drugs such as that, and they simply could not afford to have them filled. They were hanging on to the prescription hoping that sometime down the road they would get the funds to be able to afford their prescriptions.

That is the kind of case we are hearing about from the Nation's older people.

I hope folks who are listening in tonight will see, as this poster says, that we hope to hear from more of them. We would like for them, as this poster says, to send copies of their prescription drug bills directly to us in the Senate in Washington, DC.

I intend to keep coming to the floor of this body and going through some of these cases in the hopes that this can pique the conscience of the Senate for bipartisan action.

Finally, tonight I have one other bill that struck me as so poignant and really summing it up. It comes from an older man who sends his wife's mother's bill because she is 91 and she is spending about \$400 per month on prescription medicines. The letter says this is outrageous for a 91-year-old person, a person who is on a fixed income, to have to pay. She is 91 years old. The list goes on for pages.

I am going to wrap up tonight by saying it would be one thing if you couldn't bring Senators together around an important issue and simply not find any consensus whatsoever.

That is not the case with respect to the Snowe-Wyden legislation. The senior Senator from Maine and I have teamed up on a bill that is modeled after the kind of health care Members of the United States Senate receive.

Mr. President, 54 Members of the Senate, as part of the budget debate, said they would vote for a way to pay for the plan. We are seeing these polls and interviews along the lines of what I cited. Newspapers were filled this weekend with folks saying, why can't the Senate act? That is the question: Why can't the Senate act when there is a bipartisan bill?

The SPICE legislation, the Senior Prescription Insurance Coverage Equity Act, is legislation I believe can move forward because it is bipartisan. Certainly, our colleagues have other ideas about how to proceed. Senator SNOWE and I are anxious to hear from them with respect to their approach.

What is important is that the Senate stop ducking this issue. The Senate ought to say we are now going to recognize how serious these concerns of the Nation's older people are and not just put them off and say it is too complicated to deal with now and we will

talk about it in 2001, but with a year to go until election, we ought to roll up our sleeves and come up with a bipartisan plan to address these needs.

Until that time, I hope seniors will continue to send copies of their prescription drug bills to each Senator. I am particularly anxious to have them. Send them to our offices in Washington, DC. I will keep coming to the floor of this body, reading from letters from folks, including this 91-year-old who cannot afford next month's increase in prescription drugs, folks who cannot pay for their diabetes medicine and are likely to get much sicker as a result. I intend to keep coming to the floor of this body, reading from those letters, and doing everything I can to try to bring the Senate together around bipartisan legislation to meet the needs of our elderly.

The approach behind the Snowe-Wyden legislation does not involve price controls. We have a lot of Senators legitimately concerned about that. It is not a one-size-fits-all Federal regime. It is a model based on something we all know well. That is the Federal Employees Health Benefits Plan. In fact, the SPICE Program that Senator SNOWE and I have drafted is a senior citizens version of the Federal Employees Health Benefits Plan. We are convinced it can work for the Nation's older people.

I hope we will not pass up this opportunity to address these heartfelt concerns that seniors are passing on. I hope we will not say this issue is too complicated for the Senate to act. We may be leaving in a few days, but there will be an opportunity in the days ahead to bring Senators of both political parties together and fashion legislation that is responsive to the country's older people. I am convinced older people cannot afford to wait another year, wait another year for politicking and debates to go forward. Certainly, based on the kinds of bills, as the bill I read from, including the 91-year-old senior spending \$400 a month, she cannot afford to wait, at 91, for another year of electioneering. I believe when there is a bipartisan bill before the Senate, she shouldn't have to wait.

I will continue to read from these letters. I hope folks will send copies of their prescription drug bills. We need to act on this matter. We saw again this weekend how important it is to the American people. I will be coming back to this floor again and again and again until we get bipartisan action on this urgent matter for millions of the Nation's older people.

I yield the floor.

ADJOURNMENT UNTIL 9:30 A.M.
TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands in adjournment until 9:30 a.m., Tuesday, November 9, 1999.